

MISSOURI STATE LIBRARY  
**REGIONAL LIBRARY BOARD -- LIST OF TRUSTEES**

Date: \_\_\_\_\_

<b>NAME OF LIBRARY</b>			
ADDRESS (PLEASE INCLUDE POST OFFICE BOX)			COUNTY
NAME	ADDRESS (P.O. BOX, STREET, CITY, STATE, ZIP CODE)	PHONE	YEAR TERM EXPIRES
1. PRESIDENT			
2. VICE PRESIDENT			
3. SECRETARY			
4. TREASURER			
MEMBERS WHO WERE REPLACED BY NEW MEMBERS:			
1.			
2.			
3.			
<p>This is to certify that the above mentioned members of the Board of Trustees of this library have been appointed and hold their office in accordance with the laws of Missouri; that no member has received or is receiving compensation as such; that no person is employed by the Board of Trustees or by the librarian who is related within the third degree by blood or by marriage to any trustee of the Board.</p>			
SIGNATURE OF LIBRARIAN			DATE
SIGNATURE OF PRESIDENT, BOARD OF TRUSTEES		PHONE	DATE
Please inform the State Library of changes in board members and in officers as they occur. This information should include name, address, expiration date of term of office, and whom the member replaces.			